

L17000107086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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25.00

J. Shivers DEC 20 2013

## COVER LETTER

TO: Registration Section,  
Division of Corporations

SUBJECT: 3RN, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa A. Noll  
Name of Person  
3RN, LLC  
Firm/Company  
4745 NW 7th Ct.  
Address  
Baynton Bch, FL 33426  
City/State and Zip Code  
LANOLL22@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Noll at (561) 714-0914  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

3RN, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/30/13 and assigned  
Florida document number L13000107086.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

4745 NW 7th Ct

Boynton Beach, FL 33426

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4745 NW 7th Ct

Boynton Beach, FL 33473

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Lisa A Noll

New Registered Office Address:

4745 NW 7th Ct

*Enter Florida street address*

Boynton Beach

*City*

Florida 33426

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Lisa A. Noll*  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|------------------|-------------------------|--|
| MGRM         | Madrigal, Murphy | 8664 Hawkwood Bay Dr    | <input type="checkbox"/> Add               |
|              |                  | Boynton Beach, FL 33473 | <input checked="" type="checkbox"/> Remove |
| MGRM         | Madigan, Murphy  | 4745 NW 7th Ct          | <input checked="" type="checkbox"/> Add    |
|              |                  | Boynton Beach, FL 33426 | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Add               |
|              |                  |                         | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Add               |
|              |                  |                         | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Add               |
|              |                  |                         | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Add               |
|              |                  |                         | <input type="checkbox"/> Remove            |

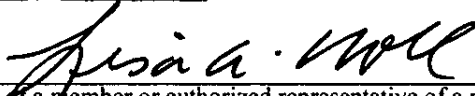
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

leave all other managing members names the same, but with the new address.

The company used to set up the corporation spelled a partners name wrong.

Please leave Lisa Noll and Debra Lee on as MGRM

Dated December 12, 2013



Signature of a member or authorized representative of a member

Lisa A Noll

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

760000 610000  
12/19/13 10:00 AM  
12/19/13 10:00 AM